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ABSTRACT

Regulation of on-line counseling is a complex issue. In telemedicine, some have advocated an international worldwide license. The hurdles are many, such as accommodating the variety of educational standards and legal codes, not to mention determining who will administer this license. It seems that a start might be national counselor certification in cybercounseling, with states accepting that certificate and thus allowing their already licensed counselors to participate in cybercounseling, with the counselor subject to the jurisdiction of the state of license. This chapter discusses the field of telemedicine and its implications for cybercounseling. It then explores central ethical issues in cybercounseling, such as whether or not cybercounseling is really counseling, truth in advertising, confidentiality, duty to warn, competence, and dual relationships. The chapter also discusses current guidelines, distance education, and licensure as they relate to state regulation of cybercounseling. Finally, strategies for the future are explored. These strategies involve underserved populations, state Web sites, professional associations, supplemental cybercounseling, and malpractice insurance. To change the quagmire of cybercounseling into a quest will require risk takers who are willing to be forward thinkers, to embrace technology as having the possibility to positively affect the profession, and thus to bring well-being to a greater number of people. (Contains 37 references.) (MKA)

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Cybercounseling and Regulations: Quagmire or Quest?

Rosemarie Scotti Hughes

You log on to the Metanoia (Ainsworth, 1996–99b) web site, click to the introduction, and then proceed to an audio welcome from Dr. Frasier Crane, from his radio show on the popular TV series *Frasier*. "I'm listening," he tells you. You have several links to explore, ranging from information about therapy over the Internet to lists of therapists and their credentials, verified by Metanoia (Metanoia & Mental Health Net, 1997–99), for a fee to the therapist. You also read, "Using the Internet, professional counselors are forming effective helping relationships with people like you." What do you do next? Are you about to enter into cyberspace, lay out your problems to someone you will never meet, and in the process part with some of your cash in exchange for what Metanoia claims is "an effective alternative" to traditional therapy? You are warned that "on-line counseling is not appropriate for everyone." You keep going, clicking through screens, and come to a key phrase: ". . . if something goes wrong, the legal system is probably not going to be able to do anything about it." You are told that you must take responsibility for your on-line work, and you read further that "as far as I can tell" the therapists listed on this site are responsible and accountable professionals. By now, your personal antennas should be sending off some clear signals. How can this be "effective"? Despite Frasier Crane's reassurance, it is hard to believe that confidence is instilled in the potential client.

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We are in the midst of exciting times, when technology is expanding faster than our ability to learn how to use it ethically and competently. Is regulation of cybercounseling a quagmire or a quest? Will the profession become bogged down, in unresolvable quandary, entangling itself into a muddy morass over this issue? Or will the profession rise to the occasion, use the opportunity for exploration and adventure, not to pursue some unattainable Golden Fleece or Fountain of Youth, but to use technology to promote well-being and health, and growth and development of individuals, families, and organizations? Hopefully, this book is an attempt to achieve the latter.

A myriad of ethical, legal, and regulatory issues surround cybercounseling, however. Few structures and precedents exist. This chapter explores elements bogging down counseling on the Internet, and those that make it worth pursuing, by exploring telemedicine and implications for counseling, central ethical issues in counseling, state regulation of cybercounseling, and strategies for the future. It is significant to note that most of the research for this chapter occurred through web sites, various search engines, electronic databases, e-mail, and faxes.

THE FIELD OF TELEMEDICINE IN ITS PRESENT STATE: IMPLICATIONS FOR COUNSELING

If you have ever used the telephone to counsel a client or to consult with a colleague, if you have looked up mental or physical health information on a web site, you have, in the broadest sense, been a user or participant in telemedicine. The field of medicine as a whole has been using telemedicine since shore stations were linked by radio to ships at sea for medical emergencies in the 1920s (Butt, Zimmerman, & Ziob Ro, 1996). Medicine has been far ahead of the counseling profession in its use of technology and in examining the benefits and pitfalls of its use. A number of circumstances came together in the 1990s to speed the adoption of telemedicine. They were the development of available technology; the lack of doctors and specialists in rural areas; federal, state, and private sector grant money; and Medicaid payments (Health Care Financing Administration, 1998; National Rural Health Association, 1999; U.S. Department of Health and Human Services,

1998). State networks have been established, and uses include radiology, dermatology, psychiatry, fetal monitoring, nursing visits, remote surgery, and interactive examinations. These networks flourish because of the availability of grant money, but programs expire when funds are gone (Butt et al., 1996; Council on Competitiveness, 1996a, 1996b; World Health Organization, 1997).

Telemedicine Definition

Although many call all medical efforts using electronic means telemedicine, there are further distinctions in definitions. *Telemedicine* is using electronic communication networks for the transmission of information and data related to the diagnosis and treatment of medical conditions. The issues in this chapter related to ethics and regulation of cybercounseling most often fall under this category. *Telehealth* is using electronic communication networks for transmission of information and data focused on health promotion, disease prevention, and the public's overall health, including patient/community education and information, data collection and management, and linkages for health care and referrals. Telehealth is also included in this chapter, specifically information web pages and distance education. A *telecommunity* is created through telecommunications and becomes a virtual community without physical boundaries within a region, an institution, or consortia. A telecommunity can range from being a self-help peer group that meets in a chat room to a formal network of providers of services (World Health Organization, 1997).

Regulation and Telemedicine

There are very few regulatory problems when telemedicine is practiced within closed systems, such as intrastate networks, institutions, Indian Health Service, the military, corrections, and the Veterans Administration. Most states have a broad enough definition of the practice of medicine to allow telemedicine within the state. However, the very nature of the Internet allows the instant crossing of geographic borders, and when state and, in some cases, national lines are crossed, regulatory issues emerge. The most common issues arising from telemedicine across state lines are confidentiality of records, patient privacy, definition of *consultation*,

jurisdiction, patient complaint mechanisms, and credentials and license of the doctor. Although each state has a definition of the practice of medicine that is somewhat similar, similarities end when deciding how to allow doctors from out of state to consult electronically within the state. Twenty-two states in 1999 have a liberal definition of the consultant exemption, but over half have no exemption at all or are severely limiting (Butt et al., 1996; Reid, 1996; Telemedicine Law Update [http://www.mbc.com/telemed/sum.html]).

Critical Concerns and Benefits of Telemedicine

Although each state regulates medical practice, other issues emerge regardless of whether borders are crossed. Lack of rigorous research on effectiveness of telemedicine, a high technology learning curve for practitioners, cost, and scant case law for precedence for ethical issues are concerns (Reid, 1996; Telemedicine Law Update [http://www.mbc.com/telemed/sum.html & http://www.mbc.com/telemed/federal.html]).

Relationship to Counseling

The field of counseling has a much younger history of being licensed than does medicine. Licensure for doctors began in 1870 (Whelan & Wood, 1996). Counseling at the master's level is not yet licensed in all 50 states. The profession as a whole is still looking for national recognition. Many people practice counseling under various licenses. In some states, psychologists are also licensed at the master's level, while others license psychologists at the doctoral level only. Also, psychiatrists counsel people, although psychiatric services have been included under telemedicine grant projects and are generally considered to be under the aegis of medicine in general. However, for this chapter, especially when speaking of ethics and regulation, *counselor* is always used to denote those persons licensed by the state at the master's level specifically for the practice of counseling.

The occupation of medical doctor is recognized worldwide, no matter the specialty. The occupation of counselor is not: some countries only recognize psychologists. Also, the title of *counselor* is used with an adjective in many trades—such as financial counselor, weight-loss counselor, travel counselor—and does not necessarily

carry even the requirement of having a bachelor's degree. The profession itself is not yet unified, with its many specialty areas competing with one another on the state level for specific licenses. As evidenced by the inability of the states to agree on who should be allowed to practice medicine from out of state, counseling will have no easier time than medicine in trying to regulate who should be allowed to cybercounsel in each state. In the federal telemedicine grants, very few networks were developed within states for mental health services, some exceptions being California, Georgia, Hawaii, and Virginia.

CENTRAL ETHICAL ISSUES IN CYBERCOUNSELING

Telemedicine and cybercounseling both use technology, but there are significant differences. Telemedicine, especially in the fields of radiology and electronic monitoring of patients, deals with hard data, such as blood counts, blood pressure, heart rate, and other vital signs of the body. Counseling, however, deals in few if any hard data and relies on the client's definition of the problem. Of course, medical practice is also subject to patient report and doctor subjectivity to some degree. Although telemedicine was used in psychiatry in Nebraska in the 1950s (Hilty, Servis, Nesbitt, & Hales, in press), the first discussion is whether cybercounseling really is counseling.

Is it Counseling?

At an ethics committee meeting of the American Association of State Counseling Boards (AASCB) in January 1999, a discussion was held as to whether counseling over the Internet is actually counseling. The majority decision from that group was that it was not, but the committee decided that the matter warranted further discussion and kept it on the agenda for the future. The central issue that emerged from that discussion was that without face-to-face encounters, counseling could not actually occur.

Cybercounseling, or web counseling as it is called by the National Board for Certified Counselors, is defined by the NBCC (1998; see Appendix 5) as "the practice of professional counseling and information delivery that occurs when client(s) and counselor(s) are in separate or remote locations and utilize electronic

means to communicate over the Internet." This definition seems to include web pages, e-mail, and chat rooms but not telephone calls and faxes. The NBCC also stated that it does not advocate for or against web counseling. Of those who say that cybercounseling is not counseling, some are therapists who already have web sites available to people. Most of the web sites have some kind of disclaimer, such as that this is advice, e-therapy, information and education, or a supplement to therapy. In contrast to popular perception, the field of cybercounseling is not really flourishing at this time (Rice, 1997), and few licensed therapists are doing cybercounseling. In addition, there is no large federal grant initiative on the horizon for cybercounseling services to spur its development. Insurance companies are not providing reimbursement for cybercounseling. These two factors alone are disincentives for this new venture to flourish.

One of the counseling profession's main concerns will be for those persons who are unlicensed but promote themselves as competent Internet counselors. When a counselor is unlicensed, a state has no regulatory authority, unless there is a law in that state that allows prosecution as a criminal act for practicing counseling without a license or that gives the board regulatory authority. Unlicensed cybercounselors are almost legally untouchable, especially those with a disclaimer statement that says what they are doing is not therapy.

The NBCC *Standards for the Ethical Practice of Web Counseling* (1998; see Appendix 5) are specific and give the impression this is an area that one does not enter lightly, without careful thought and consideration of implications and possible effects. Despite disclaimers on web sites that a counselor is only giving advice, or education/information, the expectation of the client is a key factor that courts and regulatory boards will consider in determining whether or not a counseling relationship exists (Childress, 1998; Rice, 1997). Some legal commentators have stated that with on-line services, if the client agrees to pay for the services of a licensed counselor, a therapeutic relationship exists (in Stricker, 1996).

Specific Ethical Issues

Beyond the issues of whether cybercounseling is actually counseling and equivalent to the traditional office visit, several addi-

tional issues are salient. These include truth in advertising, confidentiality, duty to warn, competence, and dual relationships.

Truth in Advertising

What would a client expect from Concerned Counseling (http://www.concernedcounseling.com), which has 24-hour on-line and telephone service and claims to have licensed professional counselors available? "No matter what you're going through, our counselors are here to help you. . . . There is no subject that is taboo . . . . we are here for you," says this advertisement. The word *therapy* is never used, but *counseling* is, many times, which could lead people to believe that counseling will actually occur. The site does add a disclaimer that Concerned Counseling may not be appropriate for everyone, in contradiction to prior statements. In addition, Concerned Counseling states that "if you are seriously considering suicide, please log off your computer [why?] and call the police or emergency medical services for assistance." However, this statement appears at the bottom of the site's second page.

Confidentiality

As in telemedicine, confidentiality is a central ethical concern (Sampson, Kolodinsky, & Greeno, 1997). The NBCC recommends encryption methods; however, the process is not always a simple one, and a client in crisis is unlikely to be concerned about encryption before contacting a counselor via the Internet. Privacy is a related issue. The counselor has no way of knowing who is in the room with the client when either sending or receiving e-mail. Clients could be at risk without the counselor's knowledge. For example, if an abused woman's batterer has access to her e-mail and can read the interactions of counseling, what is the potential for harm? What if a client accidentally sends a message to her boss that was meant for her therapist, and then because the message was about abuse, commits suicide or is fired? This chapter's author once received a message that a student thought that she sent to her parents and that contained sensitive information. Student and professor discussed the e-mail, thankfully with an outcome significantly better than the previous example. People may use their work sites for web counseling, not being aware that the employer has the

right to all e-mail of employees. A therapist could violate confidentiality by using transcriptions of sessions in a research report or conference presentation and fail to get consent of the client because of ease of printing out the sessions (Polauf, 1998).

Duty to Warn

The lack of identity of the client can be problematic. What is the counselor's obligation to a client who has suicidal or homicidal ideation, especially if the client gives no identifying information? Following a duty-to-warn mandate by the licensed counselor's state is difficult if not impossible without identifying information. If that client harms self or another, the family or the client, if from another state than the counselor, has little chance of legal recourse. Cybercounseling that crosses national borders can further complicate the issue. For example, the Samaritans, a group of volunteers in England that provide emotional support to any person who is suicidal or despairing (http://www.samaritans.org), promise, unlike crisis hotlines in the United States, complete confidentiality to any caller. If someone threatens suicide the Samaritans do nothing. They do not have the same issues of taking precautions as do U.S. counselors (Holmes, 1997).

Related to identity is how lack of physical presence influences the dynamics of a cybercounseling. In face-to-face counseling, the physical presence of the client provides audio and visual cues. The counselor knows the client's identity. However, on the Internet using text, the client may take on another persona. The counselor does not know age, gender, or appearance. Conducting a therapeutic session could be limited. In addition, therapeutic modalities in which the counselor is well versed may not be appropriate for cybercounseling (Childress, 1998). A related problem of identification is in chat groups. A group of female sexual abuse victims could be infiltrated by a male abuser who has potential to cause harm without warning (White, 1998).

Competence

Problems can also exist in the identity of the counselor. An example is a web site that offers *Your Confidential Sexual Issues Report* (Goldman, n.d.). On this site, Arlene Goldman, PhD, claims 20

years of experience as a sex therapist but does not list any license. The $69.95 report carries a disclaimer that it is for "informational and educational purposes only." At the same time it offers "A personalized review of your assessment, including the options and alternatives available to you, answers to your specific question, and what the therapist has suggested to clients with similar issues." Although this chapter's author has not participated in Dr. Goldman's assessment, the web site does not instill confidence sufficient to submit personal information to her for "a consultation with a professional." The lines between therapy and consulting and education/information seem rather tenuous.

Issues of competency and referral are also raised. How does a counselor become qualified to use the Internet for counseling? What kind of training is necessary? Outside of established state networks funded through grant money, no Internet counselor that this chapter's author was able to locate on the web is using video teleconferencing (VTC), with two-way video/audio. One of the NBCC standards speaks to explaining to clients what misunderstandings can occur from cybercounseling and how to cope with them. Misunderstandings are rife in even face-to-face counseling, so the potential is far greater in cybercounseling. When cybercounseling a client in another state or country, or perhaps even in a distant city in the same state, the counselor will not have access to good referral sources for that person. How does one go about finding a "counselor-on-call" as recommended by NBCC when state boards can only tell who holds current licenses, not where and if they are practicing?

Dual Relationships

The largest category of ethical violations dealt with by regulatory boards is dual relationships. Is there potential for an Internet counseling situation to become a dual relationship? If the counselor uses explicit language that offends a client, whether intentionally or not, will the client have a basis for complaint? What if the Internet relationship leads to a phone or face-to-face encounter? Will a predatory therapist be able to claim that he or she was never in a counseling relationship at all with the client, but only giving advice by Internet, especially if the client is from another state?

Other Ethical Issues

Other ethical concerns in cybercounseling include verifying validity of software assigned as homework to clients; inadequate counselor prescreening of clients for suitability for cybercounseling; lack of counselor awareness of conditions, events, and cultural issues that may affect the remote client (Sampson et al., 1997); and lack of clarity whether communication using the Internet is covered by therapist/client privilege (Childress, 1998). The underserved, who telemedicine has targeted for services, are the least likely to be technologically savvy; cybercounseling clients are likely to be more of the YAVIS (young, attractive, verbal, intelligent, successful) model. One has to be highly verbal, have access to a computer with modem, be able to write well, and have keyboard skills even to access cybercounseling (Martin, 1997). Even explicitly information-only sites can prove dangerous. Dubovsky (1997) pointed out that InterPsych (IP), which is a international organization of electronic mental health forums, can be risky. Although IP is one of the "best organized and most influential" groups, Dubovsky witnessed international leaders in pyschopharmacology jumping on the weight-loss drug phen/fen's wagon quickly, without reviewing adequate research data. He believed that the boundary between fact and opinion became blurred because of the speed of the information disseminated through the Internet.

The Ethics Committee of the American Psychological Association (APA) has issued *Services by Telephone, Teleconferencing, and Internet* (APA Ethics Committee, 1997). This statement is not specific to cybercounseling but points to existing APA standards that are particularly relevant and indicates that in the future task forces may or may not be adding more guidelines.

There have been some self reports of client satisfaction using Internet services (Callahan, Hilty, & Nesbitt, 1998). However, perhaps individual service providers are less satisfied. For example, D. I. Sommers, who began his Mental Health Cyberclinic web site November 1995, placed a statement on his site (http://www.nicom.com/davids/pageone.htm) saying that, as of June 21, 1999,

> This site is closed insofar as offering any sort of on-line consultation via e-mail. Problems and concerns around issues of ethics,

> fees, confidentiality, and legalities need to be resolved before going forward with this work. Feel free to enter and look around for historical interest only.

The site had recorded 10,639 hits since February 1, 1996.

STATE REGULATION OF CYBERCOUNSELING

As with telemedicine, the issues of licensure and jurisdiction arise, except that counseling boards have not begun to address the problem. A client who obtains counseling services via the Internet from a counselor licensed in the same state has recourse to that state's regulatory board for any violations against either the state code or standards of practice. If the counselor is licensed in another state, to which state does the client register a complaint? As indicated earlier, state medical boards have addressed this issue, but not in a uniform manner.

Current Guidelines

The Federation of State Medical Boards (FSMB) produced model legislation regarding telemedicine. This proposal is less than helpful as a guide, as the main responsibility for who can or cannot practice telemedicine in the state is left to each state (Orbuch, 1997). The Health On the Net Foundation (n.d.) has provided a *Code of Conduct for Medical and Health Web Sites* that might be a guide to those counselors who have web pages, but counseling is not specifically mentioned in any of the code's eight principles. The International Society for Mental Health Online has said in its *Mission Statement* (1999) that the society was formed in 1997 "to promote the understanding, use, and development of on-line communication, information, and technology for the international mental health community." However, the principles included in the statement are broad and not concerned with the nature of regulation. The American Telemedical Association (1999) has developed a policy that is a compromise between having a national medical license and restrictive state regulation. It proposed that the state should not restrict "virtual travel" of its patients to seek medical advice outside of the state. It also has stated that a non-face-to-face encounter by a patient with a physican in another state is regulated by the physician's home state.

Distance Education

Regulation of cybercounseling is at present a quagmire, with no workable models for regulation. No state has a regulation that specifically permits cybercounseling. Neither have boards made progress in recognizing education by Internet. Distance education falls into the realm of both telehealth and telecommunity definitions, and is expanding exponentially in all fields. In preparation for writing this chapter, a phone survey was conducted of all of the state regulatory boards that license counselors to determine whether or not distance education courses would be acceptable toward meeting the educational requirements of the licensure law. Of the boards that responded, 9 would not accept courses; 17 said yes, but there were conditions, such as the program had to be CACREP, or have other accreditation; 12 said it was a board decision, case by case; and 4 said they had no policy. Not all boards are represented because of either problems obtaining a correct phone number or waiting for the boards to fax materials. A corresponding regulatory issue concerns distance supervision and continuing education. It seems that a first step for the NBCC is to address the burgeoning field of distance education with the setting of some kind of standards for acceptance of courses and CEUs. CACREP will be addressing distance education in its new standards, currently in progress.

Licensure

The next step, then, will be making a decision as a state whether or not to allow cybercounseling to be part of the definition of counseling within that state. However, not saying anything about cybercounseling may already allow it. States could follow the example of the Telemedicine Development Act (Orbuch, 1997) and spell out, in detail, how reimbursement, confidentiality, informed consent, and licensure specifically apply to electronic communications. As opposed to individual Internet therapists, some of the more credible counseling services are received through established intrastate networks, formed from telemedicine grants, as mental health centers network with referrals from primary physicians. In these cases, there are no questions of credentials or licensure, or client protection from ethics violations because all are under the same state's

regulation and often use video teleconferencing. These networks, in some cases, are also eligible for Medicaid reimbursement (Health Care Financing Administration, 1998).

Some states are requiring that doctors must be licensed in that particular state, even if holding license in the state of residence, to practice telemedicine. Credentials, length and type of postgraduate experience, exams, and fees vary substantially by state. If counseling were to follow this model, holding licenses in several states could mean multiple exams, extra courses, and expensive fees that could all serve as deterrents and drive the counselor out of cybercounseling. The counselor could be liable to differing standards of practice if licensed in two or more states, and could possibly have differing procedures regarding the reporting of abuse, billing issues, keeping records, and other standards of conduct (Whelan & Wood, 1996).

STRATEGIES FOR THE FUTURE

The state of the art in technology will drive cybercounseling at any given point in time. Within the next 5 years, bandwidths will be significantly increased, so that current computer users may all have video teleconferencing. Within 10 years all may have this capability via cable TV stations. Picture phones could be as common an option as call waiting and call forwarding are now. With technology developing so that clients can sit in their homes and see and hear the therapist and vice versa, what does the profession need to do now to insure capability, ethics, and responsibility in cybercounseling?

Underserved Populations

The professional organizations could come together, not only in each state, but on a national and perhaps international basis. If the main benefit of telemedicine and cybercounseling is to reach remote and underserved populations, only a unified, combined effort will include counseling services. Counselors should be proactive in these efforts. Linking with established telemedicine networks is one possibility. Urban areas have not been addressed. An inner-city, low-income, or disadvantaged person could also benefit from telemedicine. In a similar fashion to the availability of ATM machines, health information and resource kiosks, with limited

interactive features, could be established in schools, clinics, and shopping malls.

State Web Sites

Each state should develop information web sites with both general and professional information. The Georgia Mental Health Network (Adams & Grigsby, 1995; Lee, Grigsby, Dennison, & Vought, 1999) offers a database of over 500 mental health-related web sites searchable by topic. There is also a resource database, which allows users to locate agencies in Georgia, and these include advocacy, legal assistance, support groups, and workshops. The on-line bulletin board includes mental heath, mental retardation, and substance abuse organizations that post news items, meetings, and services. Consumers from anywhere in the world can post questions that are answered by professionals. Inquiries range from concerns about relatives in prison, runaways, and the elderly mentally ill to requests for information when making a decision of what services are available for people moving to Georgia.

Each state could list, on its web page, all licensed counselors, and also show those counselors who are under sanction by the state. In addition, state boards could develop a listserv and e-mail their newsletters and announcements to all licensed counselors and counselor educators who subscribed. Substantial savings in printing and posting could result. Educators could forward the information to students immediately via e-mail.

Professional Associations

NBCC, CACREP, the Ethics Committee of ACA, and the AASCB should work together to develop a draft of standards for acceptable cybercounseling standards and practices and address Internet-based distance education courses for counselor licensure. National standards, endorsed by these organizations, might prevent disparity among state boards regarding cybercounseling. A byproduct of allowing distance education could be to familiarize students with Internet use and contribute to their skill in communicating in that medium, which could transfer into working with clients in cybercounseling, as recommended by Sampson (1998). CEUs over

the Internet could allow counselors to keep current and updated, (Grohol, 1998) and perhaps could result in fewer ethical violations.

Supplemental Cybercounseling

Counselors can develop a mind-set that goes beyond the either-or mentality of using cybercounseling, and consider text cybercounseling as a supplement to face-to-face therapy (Childress, 1998). Almost all counselors use the telephone to supplement in-office sessions, handle emergencies, consult, and follow up clients. Text cybercounseling can be used in the same manner, and the counselor may find it less time consuming to reply to clients via e-mail. Of course, emergencies should always be handled in the quickest manner, and we should never abandon those procedures that we now have in place for clients.

Malpractice Insurance

NBCC has advised counselors to be aware of all legal issues in cybercounseling. If counselors are practicing across state lines, some kind of national legislation is needed to set a uniform cap on malpractice damage awards. Clients have been known to go "forum shopping" for the state in which to file claims, looking for which state will pay the largest damages (California Telehealth/Telemedicine Coordination Project, 1997).

CONCLUSION

Regulation is a complex issue. In telemedicine, some have advocated an international worldwide license. The hurdles are many, such as accommodating the variety of educational standards and legal codes, not to mention determining who would administer this license. The American Nursing Association is exploring a multistate license (Kincade, 1998). It seems that a start might be a national counselor certificate in cybercounseling, with states accepting that certificate and thus allowing their already licensed counselors to participate in cybercounseling, with the counselor subject to the jurisdiction of the state of license.

Cybercounseling in one form or another is upon us (Lee, 1998). To dismiss it is unrealistic. We cannot ignore it, for to do so is to al-

low it to progress unregulated and open to charlatans, with the result of diminishing the profession of counseling. To change the quagmire into a quest will require risk takers who are willing to be forward thinkers, to embrace technology as having the possibility to positively affect the profession, and thus to bring well-being to a greater number of people.

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